ee reverse side for instructions) is form should be filed after the Committee qualifies as a m	nulticandidate committee.	FEG MAIL CE	U NTER
(a) NAME OF COMMITTEE IN FULL		2016 JAN 22 AM	9: 35
Supporting Flecting Ameri	can Les deus		J. 00
b) Number and Street Address	44th Floor	2. FEC IDENTIFICATIO	
1 Internation 3/Ace,	44th Floor	C0057	0226
c) City, State and ZIP Code		3. TYPE OF COMMITT	EE (check one)
Baton MA 02110) ·	STATE PARTY OTHER	
affiliation with: Committee Name:	qualified as a multicand	didate committee thre	ough its -
on and simultaneously affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: (a) Candidates: The committee has made of the committee of th	contributions to the five	-	
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affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: (a) Candidates: The committee has made of (ONLY State party committees may leave Name (i) DeSaatis (ii) Mast	ontributions to the five e this blank.): Office Sought Sevade	(5) federal candidate State/District F し	Date

	OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE
certif	y that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.
(d)	Qualification: The committee met the above requirements on:
(c)	Registration: The committee has been registered for at least 6 months. FEC FORM1 was submitted on://
(10)	on: 30, 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

		For further information contact: Federal Election Commission, Washington, DC 20463 Toll-free 800-424-9530 Local 202-694-1100	FEC FORM 1M (Revised 1/2001)
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